								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									1 .				
Effective October 1, 2003								10/718,750					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 25							RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			28 mir	nus 20=	* 8		X\$ 9	9=		OR	X\$18=	144	
INDEPENDENT CLAIMS			- 7	inus 3 =	*)		X43=		OR	X86=	86		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+145	5=		OR	+290=	·	
* If	the difference	in column 1 is	less than ze	nan zero, enter "0" in column 2				٩L		OR	TOTAL	1,000	
CLAIMS AS AMENDED - PART II											OTHER		
_	(Column 1)		(Colui			(Column 3)	SMA	LL	ENTITY C		SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	=		OR	X86=		
		NTATION OF MI	2.1	PENDENT	CLAIM		+145	=		OR	+290=		
	1,7	1,7 15, 21						TAL			TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)						ADDIT. F	-66			AUDII. FEEI		
AMENDMENT B		CLAIMS REMAINING		HIGHEST NUMBER		PRESENT			ADDI-	۱ ۱		ADDI-	
		AFTER AMENDMENT		PREVIC PAID I	USLY	EXTRA	RAT	Ε	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=	X43	=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+290=		
	TOTAL ADDIT. FEE										TOTAL	•	
(Column 1) (Column 2) (Column 3)								EE	. <u> </u>	OR	ADDIT. FEE		
	`	CLAIMS		HIGHEST				\neg	ADDI-		· · ·	ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE	=	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	X43=			OR	X86=		
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		145	一		.	.000	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											ADDIT. FEE		
		ber Previously Pai					ound in the	app	ropriate box	in col	umn 1.		